

NATICK COMMUNITY SERVICES DEPARTMENT

Application for Rental of Natick Community Center Facility

Permit # _____

Please check only one of the following:

This application is made on behalf of: _____ Town/School Department
_____ Town Government (includes Boards, Committees, Commissions)
_____ Natick Based Non-Profit/Community Groups and Natick Community Activities and Scouts
_____ Natick Residents and/or Natick Based Business'
_____ Non-Natick Based Business'/Organizations or Non-Resident's

Contact/Billing Information (Required *):

*Organization Name _____ *Contact Name _____
*Billing Address _____ *Daytime Phone _____
*City/State/Zip _____ Evening Phone _____
*Estimated Attendance _____ E-mail Address _____
*Purpose of Rental _____

Date and Time Requested:

Date(s) _____ Day(s) of Week _____
Time Arriving _____ Time Leaving _____
(Circle one) am/pm (Circle one) am/pm

Room(s)/Locations(s) Requested:

___ Great Room - W • No Kitchen (1,193 sq. ft.) ___ Class Room • First Floor (497 sq. ft.) ___ Game Room (367 sq. ft.)
___ Great Room - E • No Kitchen (1,193 sq. ft.) ___ Class Room • Second Floor (633 sq. ft.) ___ Conference Room (339 sq. ft.)
___ Great Room • With Kitchen (2,847 sq. ft.) ___ Arts and Crafts Room (774 sq. ft.) ___ Health Exam/Consult Rooms (300 sq. ft.)
___ Gymnasium (7,150 sq. ft.) ___ Multi-Purpose Room (712 sq. ft.) ___ TV Room (433 sq. ft.)
___ Pool Room (463 sq. ft.)

Food:

Are you planning to serve food, snacks and/or beverages at your event? ___ Yes ___ No

If you checked yes and you're:

Requesting the Great Room With Kitchen*, please provide name of the caterer _____

Requesting the Great Room • No Kitchen, please indicate what you're serving _____

* If you need the Great Room With Kitchen and you're providing food, how much time prior to the start of your event would you like the kitchen opened by a Town employee? _____

Additional Rental Information Required:

Is the event open to the public? ___ Yes ___ No

Are decorations being used? ___ Yes ___ No

If you checked yes:

What type of decorations or scenery will be used? _____

When would you like to bring them in to set up? _____

Do you need any equipment or assistance to support your function? ___ Yes ___ No

If you checked yes, please indicate your needs _____

___ Microphone ___ Miscellaneous Sound Equipment ___ Overhead
___ Microphone Stands ___ Upright Piano ___ Slide
___ Microphone Cables ___ Screen ___ PowerPoint (Laptop)
Specify length _____ ___ Projector

COMMUNITY SERVICES DEPARTMENT OFFICE USE ONLY

Application reviewed and space is available on date(s) and time(s) requested ___ Yes ___ No
If no, list any date(s) and time(s) not available: _____ (attach sheet if needed)
Sign/Initial _____ Date _____